

ERGONOMIC IMPROVEMENT WORK SHEET 3

IMPROVEMENT FOLLOW-UP

The purpose of this work sheet is to follow up on the implemented ergonomic improvements.

Employee's Name: _____ Job Title: _____ Date: _____

Name of Observer: _____ Job Location: _____

A	B	C	D	E
Date	Task	How did you improve this task?	What happened as a result of your improvement?	Follow-up date (if required)

Make copies as needed

DIRECTIONS FOR USE

1. Enter the date, employee's name, job title, name of observer, and the job location.
2. In **column A**, list the date when the improvement was put in place.
3. In **column B**, list each task for which improvements were made.
4. In **column C**, describe the improvements that were made.
5. In **column D**, describe the results of each improvement implemented by answering the following questions.

Has this improvement:

- Had enough time to work (e.g., are employees used to the changes)?
 - Reduced or eliminated fatigue, discomfort, symptoms, and/or musculoskeletal disorders?
 - Reduced or eliminated most or all of the contributing factors and the reasons for them?
 - Reduced or eliminated other identified problems and the reasons for them?
 - Added any new contributing factors or other problems?
 - Worked from a financial standpoint?
 - Had a positive effect on productivity and efficiency?
 - Matched the production requirements of the job?
 - Had a positive effect on product and service quality?
 - Been accepted by employees (e.g., raised employee morale)?
 - Been fully implemented in a reasonable amount of time?
 - Had a positive effect on absenteeism and turnover rates for jobs where changes were made?
 - Been supported with the training needed to make it effective?
6. In **column E**, establish another follow-up date, if necessary.
Continue to use this work sheet for subsequent follow-up evaluations.